



APPEALS APPLICATION

APPEAL TO:

- ☐ Board of Supervisors
☐ Planning Commission
☐ Director or Official of Department of Planning and Land Use
☐ Planning and Environmental Review Board

FOR DEPARTMENT USE ONLY

Thomas Bros. Map Ref.	Code _____	Case or Plan File Number
Community Plan Area		
General Plan Designation	Zone	

APPLICANT FILL IN BELOW THIS LINE, THIS SIDE ONLY – PLEASE PRINT OR TYPE

Site Address Number Street City			Assessor's Parcel Number		
Appellant's Name/Last First Middle			Owner's Name/Last First Middle		
Mailing Address Number Street			Mailing Address Number Street		
City Zip			City Zip		
Telephone			Map and Lot or Lot Split Number		

- JOB STATUS**
- ☐ Proposed
☐ Under Construction
☐ Compl. New Bldg.
☐ Existing Building

REQUEST: Clearly define all items requested in the appeal. Submit plans if necessary, to illustrate request.

JUSTIFICATION: Attach additional sheets if necessary.

Signature of Owner or Company Officer Only _____ If Company Officer – indicate Company Name and function (*Please print*)

THIS SIDE FOR DEPARTMENT'S USE ONLY

Case or Plan File Number

Job Address

Type of Construction	Stories	Fire Zone	Use Regulator	Occupancy	Job Status	Map Reference
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Investigated by:	Title	Date
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REPORT OF CONDITIONS AND APPLICABLE CODE SECTIONS

SUMMARY OF ACTION

Date of Action